

UNITED STATES BANKRUPTCY COURT <b>MINNESOTA</b>		VOLUNTARY PETITION
Name of Debtor (if individual, enter Last, First, Middle): <b>KLAPHAKE, JULIE K</b>		Name of Joint Debtor (Spouse) (Last, First, Middle):
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): <b>ASF TOTAL EXPRESS OF MELROSE, INC; ASF TOTAL EXPRESS OF BROWERVILLE, INC</b>		All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all): <b>6598</b>		Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN)/Complete EIN (if more than one, state all):
Street Address of Debtor (No. and Street, City, and State): <b>34392 PEACH DRIVE ALBANY, Minnesota</b> <div style="text-align: right;">ZIP CODE <b>56307</b></div>		Street Address of Joint Debtor (No. and Street, City, and State): <div style="text-align: right;">ZIP CODE</div>
County of Residence or of the Principal Place of Business: <b>STEARNS</b>		County of Residence or of the Principal Place of Business:
Mailing Address of Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>		Mailing Address of Joint Debtor (if different from street address): <div style="text-align: right;">ZIP CODE</div>
Location of Principal Assets of Business Debtor (if different from street address above): <div style="text-align: right;">ZIP CODE</div>		
<b>Type of Debtor</b> (Form of Organization) (Check <b>one</b> box.)  <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.)	<b>Nature of Business</b> (Check <b>one</b> box.)  <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input checked="" type="checkbox"/> Other <b>CONVENIENCE STORE</b>	<b>Chapter of Bankruptcy Code Under Which the Petition is Filed</b> (Check <b>one</b> box.)  <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Chapter 7  <input type="checkbox"/> Chapter 9  <input type="checkbox"/> Chapter 11  <input type="checkbox"/> Chapter 12  <input type="checkbox"/> Chapter 13                 </div> <div> <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding  <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding                 </div> </div>
<b>Chapter 15 Debtors</b>  Country of debtor's center of main interests:  Each country in which a foreign proceeding by, regarding, or against debtor is pending:	<b>Tax-Exempt Entity</b> (Check box, if applicable.)  <input type="checkbox"/> Debtor is a tax-exempt organization under title 26 of the United States Code (the Internal Revenue Code).	<b>Nature of Debts</b> (Check <b>one</b> box.)  <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."                 </div> <div> <input checked="" type="checkbox"/> Debts are primarily business debts.                 </div> </div>
<b>Filing Fee</b> (Check one box.)  <input checked="" type="checkbox"/> Full Filing Fee attached.  <input type="checkbox"/> Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  <input type="checkbox"/> Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.		<b>Chapter 11 Debtors</b>  <b>Check one box:</b> <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).  <b>Check if:</b> <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 ( <i>amount subject to adjustment on 4/01/16 and every three years thereafter</i> ). ----- <b>Check all applicable boxes:</b> <input type="checkbox"/> A plan is being filed with this petition. <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
<b>Statistical/Administrative Information</b>  <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.		<b>THIS SPACE IS FOR COURT USE ONLY</b>
Estimated Number of Creditors <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> 1-49</div> <div><input checked="" type="checkbox"/> 50-99</div> <div><input type="checkbox"/> 100-199</div> <div><input type="checkbox"/> 200-999</div> <div><input type="checkbox"/> 1,000-5,000</div> <div><input type="checkbox"/> 5,001-10,000</div> <div><input type="checkbox"/> 10,001-25,000</div> <div><input type="checkbox"/> 25,001-50,000</div> <div><input type="checkbox"/> 50,001-100,000</div> <div><input type="checkbox"/> Over 100,000</div> </div>		
Estimated Assets <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		
Estimated Liabilities <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> \$0 to \$50,000</div> <div><input type="checkbox"/> \$50,001 to \$100,000</div> <div><input type="checkbox"/> \$100,001 to \$500,000</div> <div><input type="checkbox"/> \$500,001 to \$1 million</div> <div><input checked="" type="checkbox"/> \$1,000,001 to \$10 million</div> <div><input type="checkbox"/> \$10,000,001 to \$50 million</div> <div><input type="checkbox"/> \$50,000,001 to \$100 million</div> <div><input type="checkbox"/> \$100,000,001 to \$500 million</div> <div><input type="checkbox"/> \$500,000,001 to \$1 billion</div> <div><input type="checkbox"/> More than \$1 billion</div> </div>		

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>		
<b>All Prior Bankruptcy Cases Filed Within Last 8 Years</b> (If more than two, attach additional sheet.)		
Location Where Filed: <b>NONE</b>	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
<b>Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor</b> (If more than one, attach additional sheet.)		
Name of Debtor: <b>NONE</b>	Case Number:	Date Filed:
District:	Relationship:	Judge:

**Exhibit A**

(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)

☐ Exhibit A is attached and made a part of this petition.

**Exhibit B**

(To be completed if debtor is an individual whose debts are primarily consumer debts.)

I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).

**X** \_\_\_\_\_  
 Signature of Attorney for Debtor(s) (Date)

**Exhibit C**

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.

☒ No.

**Exhibit D**

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D, completed and signed by the debtor, is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D, also completed and signed by the joint debtor, is attached and made a part of this petition.

**Information Regarding the Debtor - Venue**  
 (Check any applicable box.)

☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.

☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.

☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

**Certification by a Debtor Who Resides as a Tenant of Residential Property**  
 (Check all applicable boxes.)

☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

\_\_\_\_\_  
 (Name of landlord that obtained judgment)

\_\_\_\_\_  
 (Address of landlord)

☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and

☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

☐ Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

<b>Voluntary Petition</b> <i>(This page must be completed and filed in every case.)</i>		<b>Document</b> Page 3 of 76 <b>KLAPHAKE, JULIE K</b>	
<b>Signatures</b>			
<b>Signature(s) of Debtor(s) (Individual/Joint)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).  I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X <u>s/JULIE K KLAPHAKE</u> Signature of Debtor <b>JULIE K KLAPHAKE</b>  X _____ Signature of Joint Debtor  Telephone Number (if not represented by attorney) <u>April 25, 2014</u> Date		<b>Signature of a Foreign Representative</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.  (Check only <b>one</b> box.)  <input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.  <input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.  X _____ (Signature of Foreign Representative)  _____ (Printed Name of Foreign Representative)  _____ Date	
<b>Signature of Attorney*</b>  X <u>s/LOGANMOORE</u> Signature of Attorney for Debtor(s) <b>LOGAN MOORE</b> Printed Name of Attorney for Debtor(s) <b>VELDE MOORE, LTD</b> Firm Name  <b>1118 BROADWAY</b> <b>ALEXANDRIA, Minnesota 56308</b> Address <b>(320) 763-6561</b> Telephone Number <u>April 25, 2014</u> Date  *In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.		<b>Signature of Non-Attorney Bankruptcy Petition Preparer</b>  I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.  _____ Printed Name and title, if any, of Bankruptcy Petition Preparer  _____ Social-Security number (If the bankruptcy petition preparer is not an individual, state the Social-Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)  _____ Address  X _____ Signature  _____ Date  Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social-Security number is provided above.  Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.  If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.  <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.</i>	
<b>Signature of Debtor (Corporation/Partnership)</b>  I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.  X _____ Signature of Authorized Individual  _____ Printed Name of Authorized Individual  _____ Title of Authorized Individual  _____ Date			

AMERICAN BOTTLING COMPANY  
23214 NETWORK PLACE  
CHICAGO IL 60673

AMERIGAS PROPANE LP  
PO BOX 371473  
PITTSBURGH PA 15250

AMERIPRIDE SERVICES  
6500 SAUKVIEW DRIVE  
ST CLOUD MN 56303

ANAKKALA BERNS PLLP  
63 NE 1ST AVE  
LITTLE FALLS MN 56345

ANI INTERNATIONAL INC  
125 S WACKER DR  
SUITE 1210  
CHICAGO IL 60606

ARVIG  
PO BOX 110  
PERHAM MN 56573

BLADE PUBLISHING LLC  
PO BOX 245  
BROWERVILLE MN 56438

CENTERPOINT ENERGY  
PO BOX 4671  
HOUSTON TX 77210

CENTRAL LAKES RESTAURANT SUPPLY  
1228 N NOKOMIS ST NE  
ALEXANDRIA MN 56308

CENTRAL MERCANTILE COLLECTION SERVICES  
7400 LYNDAL AVE S  
SUITE 160  
MINNEAPOLIS MN 55423

CENTRAL MINNESOTA ALARMS INC  
115 1ST ST NE  
PO BOX 257  
AVON MN 56310

CENTRAL MINNESOTA CREDIT UNION  
PO BOX 339  
ALBANY MN 56307

CENTURYLINK  
PO BOX 2961  
PHOENIX AZ 85062

CITY OF BROWERVILLE  
PO BOX 247  
BROWERVILLE MN 56438

CITY OF MELROSE PUBLIC UTILITIES  
225 1ST ST NE  
MELROSE MN 56352

COUNTY OF STEARNS  
OFFICE OF THE COUNTY AUDITORTREASURER  
PO BOX 728  
705 COURTHOUSE SQUARE RM 136  
ST CLOUD MN 56302

DEAN A MIELKE  
33406 SHOREWOOD DRIVE  
ALBANY MN 56310

E. A. SWEEN COMPANY  
16101 WEST 78TH STREET  
EDEN PRAIRIE MN 55344

ECM PUBLISHERS INC  
4095 COON RAPIDS BLVD  
COON RAPIDS MN 55433

EMC INSURANCE COMPANIES  
PO BOX 219225  
KANSAS CITY MO 64121

EXTREME BEVERAGE LLC  
151 FIFTH AVE NW  
SUITE 100  
NEW BRIGHTON MN 55112

FINKEN WATER SOLUTIONS  
3423 COUNTY ROAD 74  
PO BOX 7190  
ST CLOUD MN 56302

FLETCHERS BAIT  
1515 SINCLAIR LEWIS AVE  
SAUK CENTRE MN 56378

FORD MOTOR COMPANY  
PO BOX 105704  
ATLANTA GA 30348

Freeport Bk  
PO Box 187  
Freeport MN 56331

Freeport Bk  
PO Box 187  
Freeport MN 56331

FRITO LAY  
PO BOX 660634  
DALLAS TX 75266

GECRB/JCPENNY  
PO BOX 960090  
ORLANDO FL 32895

H BOYD NELSON INC  
3800 MINNESOTA ST  
ALEXANDRIA MN 56308

HENRY'S FOODS INC  
PO BOX 1057  
ALEXANDRIA MN 56308

HERBERGERS  
HSBC RETAIL SERVICES DEPT 7680  
CAROL STREAM IL 60116

INDEPENDENT NEWS HERALD  
PO BOX 188  
310 WEST MAIN STREET  
CLARISSA MN 56440

INTERNAL REVENUE SERVICE  
PO BOX 21126  
PHILADELPHIA PA 19114

KOHL'S PAYMENT CENTER  
PO BOX 2983  
MILWAUKEE WI 53201

LIBBY LAW OFFICE PA  
855 RICE STREET STE 100  
ST PAUL MN 55117

LONG PRAIRIE LEADER  
21 3RD ST S  
LONG PRAIRIE MN 56347

MACY'S  
PO BOX 183084  
COLUMBUS OH 43218

MINNESOTA DEPT ECONOMIC SECURITY  
390 N ROBERT ST  
ST PAUL MN 55101

MINNESOTA DEPT OF REVENUE  
PO BOX 64439  
ST PAUL MN 55164

MINNESOTA POWER  
PO BOX 1001  
DULUTH MN 55806

MINNESOTA STATE LOTTERY  
CO MS STEFFANY DAVIS  
2645 LONG LAKE ROAD  
ROSEVILLE MN 55113

MN PETROLEUM  
682 39TH AVE NE  
COLUMBIA HEIGHTS MN 55421

NATHE'S REFRIGERATION  
40055 US HIGHWAY 71  
SAUK CENTRE MN 56378

OLD DUTCH  
PO BOX 64627  
ST PAUL MN 55164

PEP'S PORK  
29769 325TH AVE  
MELROSE MN 56352



PEPSI OF ST CLOUD  
PO BOX 7457  
ST CLOUD MN 56302

PRAIRIE BROADCASTING  
PO BOX 187  
LONG PRAIRIE MN 56347

PRAIRIE LAKES DISTRIBUTING  
1100 19TH AVENUE NORTH 134  
FARGO ND 58102

RAHN'S OIL & PROPANE INC  
PO BOX 97  
MELROSE MN 56352

RINKE NOONAN  
PO BOX 1497  
ST CLOUD MN 56302

RODNEY KLAPHAKE  
34392 PEACH DRIVE  
ALBANY MN 56307

ROHLFING OF BRAINERD INC  
923 WRIGHT ST  
BRAINERD MN 56401

ROSENMEIER LAW OFFICE  
THOMAS SCOTT SEELEN  
210 2ND ST NE  
LITTLE FALLS MN 56345

S & S MINI STORAGE  
22 W 5TH ST S  
MELROSE MN 56352

SEARS CREDIT CARDS  
PO BOX 688957  
DES MOINES IA 50368

ST CLOUD FIRE EQUIPMENT CO  
575 MINNEHAHA AVE W  
ST PAUL MN 55103

ST CLOUD TIMES  
PO BOX 5034  
SIOUX FALLS SD 57112

STAR PUBLICATIONS  
522 SINCLAIR LEWIS AVE  
SAUK CENTRE MN 56378

STONY CREEK DAIRY  
30614 353RD AVE  
MELROSE MN 56352

TARGET NATIONAL BANK  
PO BOX 660170  
DALLAS TX 75266

TRISKO HEATING AND PLUMBING INC  
320 PINE ST S  
SAUK CENTRE MN 56378

UNITY FAMILY HEALTHCARE  
815 SE 2ND STREET  
LITTLE FALLS MN 56345

VIKING COCA COLA  
PO BOX 806  
ST CLOUD MN 56302

WELLS FARGO MORTGAGE  
P P BOX 14411  
DES MOINES IA 50328

ZARNS OIL INC  
1018 HAVEN RD  
LITTLE FALLS MN 56345

# UNITED STATES BANKRUPTCY COURT

## MINNESOTA

In re  
**JULIE K KLAPHAKE**  
*Debtor*

Case No. \_\_\_\_\_

Chapter **7**

### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property			\$ <b>1,581,200.00</b>		
B - Personal Property			\$ <b>94,700.00</b>		
C - Property Claimed as Exempt					
D - Creditors Holding Secured Claims				\$ <b>1,279,625.18</b>	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)				\$ <b>0.00</b>	
F - Creditors Holding Unsecured Nonpriority Claims				\$ <b>599,752.08</b>	
G - Executory Contracts and Unexpired Leases					
H - Codebtors					
I - Current Income of Individual Debtor(s)					\$ <b>2,172.00</b>
J - Current Expenditures of Individual Debtors(s)					\$ <b>4,323.00</b>
<b>TOTAL</b>		<b>0</b>	\$ <b>1,675,900.00</b>	\$ <b>1,879,377.26</b>	

B6A (Official Form 6A) (12/07)

In re **JULIE K KLAPHAKE,**

Debtor

Case No.

(If known)

## SCHEDULE A - REAL PROPERTY

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	Husband, Wife, Joint, or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
80 ACRES IN CASS COUNTY MN  1/4 INTEREST IN LAND OWNED IN CASS COUNTY MN DESCRIBED AS: SEC 27 TWP 139.0 RG 28 E1/2 OF SW1/4 & SCNNED EASEMENT ACRES = 79.87 2014 EMV VALUE \$153200	Co-Ownership	J	\$38,300.00	
Primary Residence - Single Family Home  1/2 INTEREST IN HOMESTEAD LOCATED IN STEARNS COUNTY MN DESCRIBED AS: SUBDIVISIONNAME GERTKEN'S COUNTRY VIEW LOT 001 BLOCK 001 SUBDIVISIONCD 03069 SECTION 19 TOWNSHIP 125 RANGE 030 2014 EMV \$342,900	Co-Ownership	J	\$342,900.00	\$281,000.00
***Property real description RMC***  LOT 1 & 3, AND THE N 2 FEET AND S 23 FEET OF LOT 2, BLK 12 ORIGNINAL TOWNSITE OF THE VILLAGE, NOW CITY OF BROWERVILLE, TODD CTY, MN: LOCATION OF TOTAL EXPRESS OF BROWERVILLE		W	\$400,000.00	\$188,000.00
***Property real description RMC***  LOT 1 BLK 1, AND THW W 84 FEET OF LOT 2, BLK 1, OF MIELKE ADDITION, STEARNS COUNTY, MN: LOCATION OF TOTAL EXPRESS OF MELROSE		W	\$800,000.00	\$750,000.00
Total ►			\$1,581,200.00	

(Report also on Summary of Schedules.)

In re JULIE K KLAPHAKE,

Debtor

Case No. \_\_\_\_\_

(If known)

## SCHEDULE B - PERSONAL PROPERTY

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	Husband, Wife, Joint, Or Community	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		CHECKING ACCOUNT WITH STEARNS BANK	W	\$400.00
		JOINT CHECKING ACCOUNT WITH HUSBAND AT CENTRAL MN CREDIT UNION: PRIMARILY HUSBAND'S INCOME FROM MILKING AND UNEMPLOYMENT COMPENSATION	J	\$5,000.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		HOUSEHOLD GOODS AND FURNISHINGS	J	\$4,500.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		CLOTHING	W	\$1,000.00
7. Furs and jewelry.		WEDDING RINGS	W	\$2,500.00
		DAY TO DAY JEWELRY	W	\$1,000.00
8. Firearms and sports, photographic, and other hobby equipment.		FISH HOUSE AND PICKUP TRUCK AND VARIOUS TRAILERS ARE ASSETS SOLELY OWNED BY NON-FILING SPOUSE	H	\$0.00
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		LIFE INSURANCE	W	\$3,000.00

In re JULIE K KLAPHAKE,Debtor

Case No. \_\_\_\_\_

(If known)**SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		100% INTEREST IN TOTAL EXPRESS OF BROWERVILLE INC: LIABILITIES EXCEED ASSETS, NOT OPERATING	W	\$0.00
		100% INTEREST IN TOTAL EXPRESS OF MELROSE INC: LIABILITIES EXCEED ASSETS, NOT OPERATING	W	\$0.00
14. Interests in partnerships or joint ventures. Itemize.	X			
15. Government and corporate bonds and other negotiable and nonnegotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A – Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			

B 6B (Official Form 6B) (12/2007)

In re **JULIE K KLAPHAKE,**

Debtor

Case No.

(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		1999 CHEVROLET LUMINA WITH 150000 MILES	W	\$1,000.00
		2012 FORD FUSION WITH 34000 MILES	W	\$14,800.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			
33. Farming equipment and implements.		1/2 INTEREST IN 1845C CASE IH SKIDLOADER \$6,000.00 1/2 INTEREST IN JD 4450 TRACTOR WITH DISC, BALER, & PLOW \$33,000.00 1/2 INTEREST IN MILK COWS: \$22,000.00 1/2 INTEREST IN FEED CORN IN SILO UNKNOWN	J	\$60,000.00
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.		ALUMINUM TRAILER	W	\$1,500.00
		1/2 INTEREST IN 2008 MIDI TRAILER	J	Unknown

3 continuation sheets attached Total ►  
(Include amounts from any continuation

\$94,700.00



In re JULIE K KLAPHAKE,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

sheets attached. Report total also on  
Summary of Schedules.)

B6C (Official Form 6C) (04/13)

In re JULIE K KLAPHAKE,  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)  
☐ 11 U.S.C. § 522(b)(3)

☐ Check if debtor claims a homestead exemption that exceeds \$155,675.\*

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Primary Residence - Single Family Home	MSA §§ 510.01, 510.02	\$390,000.00	\$342,900.00
CHECKING ACCOUNT WITH STEARNS BANK	MSA § 550.37(13), 571.922	\$300.00	\$400.00
HOUSEHOLD GOODS AND FURNISHINGS	MSA § 550.37(4)(b)	\$4,500.00	\$4,500.00
WEDDING RINGS	MSA § 550.37(4)(c)	\$2,817.00	\$2,500.00
CLOTHING	MSA § 550.37(4)(a)	\$1,000.00	\$1,000.00
LIFE INSURANCE	MSA § 550.37(23)	\$3,000.00	\$3,000.00
1999 CHEVROLET LUMINA WITH 150000 MILES	MSA § 550.37(12a)	\$3,675.00	\$1,000.00
1/2 INTEREST IN 1845C CASE IH SKIDLOADER \$6,000.00 1/2 INTEREST IN JD 4450 TRACTOR WITH DISC, BALER, & PLOW \$33,000.00 1/2 INTEREST IN MILK COWS: \$22,000.00 1/2 INTEREST IN FEED CORN IN SILO UNKNOWN	MSA § 550.37(6)	\$11,500.00	\$60,000.00

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re JULIE K KLAPHAKE, Debtor Case No. \_\_\_\_\_ (If known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. OANS CENTRAL MINNESOTA CREDIT UNION PO BOX 339 ALBANY, MN 56307	X		Nonpossessory, Nonpurchase-Money Security Interest  1/2 INTEREST IN 1845C CASE IH See Attachment 1 VALUE \$ <b>\$60,000.00</b>				<b>\$39,500.00</b>	
ACCOUNT NO. FORD MOTOR COMPANY PO BOX 105704 ATLANTA, GA 30348			Purchase-Money Security Interest  2012 FORD FUSION WITH 34000 MILES VALUE \$ <b>\$14,800.00</b>				<b>\$21,125.18</b>	<b>\$4,200.00</b>
ACCOUNT NO. Freeport Bk PO Box 187 Freeport, MN 56331			First Mortgage  TOTAL EXPRESS OF BROWERVILLE, INC LOCATION VALUE \$ <b>\$400,000.00</b>				<b>\$188,000.00</b>	
ACCOUNT NO. Freeport Bk PO Box 187 Freeport, MN 56331			First Mortgage  LOCATION OF TOTAL EXPRESS OF MELROSE INC VALUE \$ <b>\$800,000.00</b>				<b>\$750,000.00</b>	
Subtotal ► (Total of this page)								\$ <b>998,625.18</b>
Total ► (Use only on last page)								\$

(Report also on Summary of Schedules.) (If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re **JULIE K KLAPHAKE**,

Case No. \_\_\_\_\_

Debtor

(if known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
Additional Contacts for Freeport Bk:								
<b>RINKE NOONAN</b> <b>PO BOX 1497</b> <b>ST CLOUD, MN 56302</b>								
ACCOUNT NO.			First Mortgage				\$281,000.00	
WELLS FARGO MORTGAGE P P BOX 14411 DES MOINES, IA 50328			VALUE \$ 342,900.00					
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Secured Claims							Subtotal (s) ► (Total(s) of this page)	\$ 281,000.00 \$ 0.00
							Total(s) ► (Use only on last page)	\$ 1,279,625.18 \$ 4,200.00

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

## **Attachment**

### **Attachment 1**

**SKIDLOADER \$6,000.00**

**1/2 INTEREST IN JD 4450 TRACTOR WITH DISC, BALER, & PLOW \$33,000.00**

**1/2 INTEREST IN MILK COWS: \$22,000.00**

**1/2 INTEREST IN FEED CORN IN SILO UNKNOWN**

B 6E (Official Form 6E) (04/13)

In re JULIE K KLAPHAKE,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$6,150\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

In re **JULIE K KLAPHAKE**,  
DebtorCase No. \_\_\_\_\_  
(if known)**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

(Continuation Sheet)

**Taxes and Certain Other Debts Owed to Governmental Units** Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
INTERNAL REVENUE SERVICE PO BOX 21126 PHILADELPHIA, PA 19114			Federal Taxes				Unknown	\$0.00	\$0.00
Account No.									
MINNESOTA DEPT ECONOMIC SECURITY 390 N ROBERT ST ST PAUL, MN 55101			State Taxes				Unknown	\$0.00	\$0.00
Account No.									
MINNESOTA DEPT OF REVENUE PO BOX 64439 ST PAUL, MN 55164			State Taxes				Unknown	\$0.00	\$0.00

Sheet no. 1 of 2 continuation sheets attached to Schedule  
of Creditors Holding Priority ClaimsSubtotals▶  
(Totals of this page)\$ **0.00** \$ **0.00** \$ **\$0.00**

Total▶

(Use only on last page of the completed  
Schedule E. Report also on the Summary  
of Schedules.)

\$

Totals▶

(Use only on last page of the completed  
Schedule E. If applicable, report also on  
the Statistical Summary of Certain  
Liabilities and Related Data.)

\$ \$

In re **JULIE K KLAPHAKE**,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts Owed to Governmental Units** Type of Priority for Claims Listed on This Sheet

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
MINNESOTA STATE LOTTERY C/O MS. STEFFANY DAVIS 2645 LONG LAKE ROAD ROSEVILLE, MN 55113			State Taxes				Unknown	\$0.00	\$0.00

Sheet no. 2 of 2 continuation sheets attached to Schedule  
of Creditors Holding Priority Claims

Subtotals▶  
(Totals of this page)

Total▶

(Use only on last page of the completed  
Schedule E. Report also on the Summary  
of Schedules.)

Totals▶

(Use only on last page of the completed  
Schedule E. If applicable, report also on  
the Statistical Summary of Certain  
Liabilities and Related Data.)

\$	<b>0.00</b>	\$	<b>0.00</b>	\$	<b>\$0.00</b>
\$	<b>0.00</b>				
		\$	<b>0.00</b>	\$	<b>0.00</b>



In re **JULIE K KLAPHAKE**, Case No. \_\_\_\_\_,

Debtor (if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <i>See instructions above.</i>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
AMERICAN BOTTLING COMPANY 23214 NETWORK PLACE CHICAGO, IL 60673			BUSINESS EXPENSE				\$1,753.09
ACCOUNT NO.							
AMERIGAS PROPANE LP PO BOX 371473 PITTSBURGH, PA 15250			BUSINESS EXPENSE				\$1,655.99
ACCOUNT NO.							
AMERIPRIDE SERVICES 6500 SAUKVIEW DRIVE ST CLOUD, MN 56303			BUSINESS EXPENSE				\$2,319.35
ACCOUNT NO.							
ANAKKALA BERNES PLLP 63 NE 1ST AVE LITTLE FALLS, MN 56345			Accounting Services				\$5,179.35
Subtotal▶							\$ 10,907.78
Total▶							\$

13 continuation sheets attached

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable, on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **JULIE K KLAPHAKE**, Debtor Case No. \_\_\_\_\_ (if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
ARVIG PO BOX 110 PERHAM, MN 56573			General Services				\$387.79
ACCOUNT NO.							
BLADE PUBLISHING LLC PO BOX 245 BROWERVILLE, MN 56438			BUSINESS EXPENSE				\$357.50
ACCOUNT NO.							
CENTERPOINT ENERGY PO BOX 4671 HOUSTON, TX 77210			BUSINESS EXPENSE				\$453.17
ACCOUNT NO.							
CENTRAL LAKES RESTAURANT SUPPLY 1228 N NOKOMIS ST NE ALEXANDRIA, MN 56308			BUSINESS EXPENSE				\$451.34

Sheet no. 1 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **1,649.80**

Total▶ \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **JULIE K KLAPHAKE**, Debtor Case No. \_\_\_\_\_ (if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
CENTRAL MINNESOTA ALARMS INC 115 1ST ST NE PO BOX 257 AVON, MN 56310			BUSINESS EXPENSE				\$153.90
ACCOUNT NO.							
CENTURYLINK PO BOX 2961 PHOENIX, AZ 85062			BUSINESS EXPENSE				\$715.87
ACCOUNT NO.							
CITY OF BROWERVILLE PO BOX 247 BROWERVILLE, MN 56438			BUSINESS EXPENSE				\$212.84
ACCOUNT NO.							
CITY OF MELROSE PUBLIC UTILITIES 225 1ST ST NE MELROSE, MN 56352			General Services				\$4,074.91

Sheet no. 2 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **5,157.52**

Total▶ \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **JULIE K KLAPHAKE**, Debtor Case No. \_\_\_\_\_ (if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. COUNTY OF STEARNS OFFICE OF THE COUNTY AUDITOR/TREASURER PO BOX 728 705 COURTHOUSE SQUARE RM. 136 ST CLOUD, MN 56302			BUSINESS REAL ESTATE TAXES				\$7,859.04
ACCOUNT NO. DEAN A MIELKE 33406 SHOREWOOD DRIVE ALBANY, MN 56310			***Creditor unsecured consideration RMC***				Unknown
Additional Contacts for DEAN A MIELKE:  LIBBY LAW OFFICE PA 855 RICE STREET, STE. 100 ST PAUL, MN 55117							
ACCOUNT NO. E. A. SWEEN COMPANY 16101 WEST 78TH STREET EDEN PRAIRIE, MN 55344			BUSINESS EXPENSE				\$5,919.72

Sheet no. 3 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **13,778.76**

Total▶  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

In re **JULIE K KLAPHAKE**,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
<b>ACCOUNT NO.</b>							
<b>ECM PUBLISHERS INC</b> <b>4095 COON RAPIDS BLVD</b> <b>COON RAPIDS, MN 55433</b>			<b>BUSINESS EXPENSE</b>				<b>\$80.39</b>
<b>ACCOUNT NO.</b>							
<b>EMC INSURANCE</b> <b>COMPANIES</b> <b>PO BOX 219225</b> <b>KANSAS CITY, MO 64121</b>			<b>General Services</b>				<b>\$2,945.09</b>
<b>Additional Contacts for EMC INSURANCE COMPANIES:</b>							
<b>ANI INTERNATIONAL INC</b> <b>125 S WACKER DR</b> <b>SUITE 1210</b> <b>CHICAGO, IL 60606</b>							
<b>ACCOUNT NO.</b>							
<b>EXTREME BEVERAGE LLC</b> <b>151 FIFTH AVE NW</b> <b>SUITE 100</b> <b>NEW BRIGHTON, MN 55112</b>			<b>BUSINESS INVENTORY</b>				<b>\$261.00</b>

Sheet no. 4 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶

\$ **3,286.48**

Total▶

\$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **JULIE K KLAPHAKE**, Debtor Case No. \_\_\_\_\_ (if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
FINKEN WATER SOLUTIONS 3423 COUNTY ROAD 74 PO BOX 7190 ST CLOUD, MN 56302			BUSINESS EXPENSE				\$93.02
ACCOUNT NO.							
FLETCHERS BAIT 1515 SINCLAIR LEWIS AVE SAUK CENTRE, MN 56378			BUSINESS EXPENSE				\$600.00
ACCOUNT NO.							
FRITO LAY PO BOX 660634 DALLAS, TX 75266			BUSINESS EXPENSE				Unknown
ACCOUNT NO.							
GEGRB/JCPENNY PO BOX 960090 ORLANDO, FL 32895			Credit Card Charges				\$1,951.33

Sheet no. 5 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **2,644.33**

Total▶ \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **JULIE K KLAPHAKE**, Debtor, Case No. \_\_\_\_\_ (if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
H BOYD NELSON INC 3800 MINNESOTA ST ALEXANDRIA, MN 56308			BUSINESS INVENTORY				\$2,073.04
ACCOUNT NO.							
HENRY'S FOODS INC PO BOX 1057 ALEXANDRIA, MN 56308			BUSINESS INVENTORY				\$20,404.85
ACCOUNT NO.							
HERBERGERS HSBC RETAIL SERVICES, DEPT 7680 CAROL STREAM, IL 60116			***Creditor unsecured consideration RMC***				Unknown
ACCOUNT NO.							
INDEPENDENT NEWS HERALD PO BOX 188 310 WEST MAIN STREET CLARISSA, MN 56440			BUSINESS EXPENSE				\$134.13

Sheet no. 6 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **22,612.02**

Total▶ \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **JULIE K KLAPHAKE**, Debtor Case No. \_\_\_\_\_ (if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>3501</b>  <b>KOHL'S PAYMENT CENTER PO BOX 2983 MILWAUKEE, WI 53201</b>			<b>Credit Card Charges</b>				<b>\$335.39</b>
ACCOUNT NO.  <b>LONG PRAIRIE LEADER 21 3RD ST S LONG PRAIRIE, MN 56347</b>			<b>BUSINESS EXPENSE</b>				<b>\$62.90</b>
ACCOUNT NO. <b>9525</b>  <b>MACY'S PO BOX 183084 COLUMBUS, OH 43218</b>			<b>Credit Card Charges</b>				<b>\$121.56</b>
ACCOUNT NO.  <b>MINNESOTA POWER PO BOX 1001 DULUTH, MN 55806</b>			<b>BUSINESS EXPENSE</b>				<b>\$3,668.64</b>

Sheet no. 7 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ► \$ **4,188.49**

Total ►  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$



In re **JULIE K KLAPHAKE**, Debtor Case No. \_\_\_\_\_ (if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
MN PETROLEUM 682 39TH AVE NE COLUMBIA HEIGHTS, MN 55421			BUSINESS EXPENSE				\$9,000.00
ACCOUNT NO.							
NATHE'S REFRIGERATION 40055 US HIGHWAY 71 SAUK CENTRE, MN 56378			BUSINESS EXPENSE				\$920.00
ACCOUNT NO.							
OLD DUTCH PO BOX 64627 ST PAUL, MN 55164			BUSINESS EXPENSE				\$3,617.38
ACCOUNT NO.							
PEP'S PORK 29769 325TH AVE MELROSE, MN 56352			BUSINESS EXPENSE				\$2,230.94

Sheet no. 8 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **15,768.32**

Total▶  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

In re **JULIE K KLAPHAKE**,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
PEPSI OF ST CLOUD PO BOX 7457 ST CLOUD, MN 56302			BUSINESS EXPENSE				\$19,538.61
ACCOUNT NO.							
PRAIRIE BROADCASTING PO BOX 187 LONG PRAIRIE, MN 56347			BUSINESS EXPENSE				\$135.00
ACCOUNT NO.							
PRAIRIE LAKES DISTRIBUTING 1100 19TH AVENUE NORTH #134 FARGO, ND 58102			BUSINESS EXPENSE				\$119.20
ACCOUNT NO.							
RAHN'S OIL & PROPANE INC PO BOX 97 MELROSE , MN 56352			BUSINESS EXPENSE				\$51,631.43

Sheet no. 9 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ► \$ **71,424.24**

Total ► \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **JULIE K KLAPHAKE**, Debtor Case No. \_\_\_\_\_ (if known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
ROHLFING OF BRAINERD INC 923 WRIGHT ST BRAINERD, MN 56401			BUSINESS EXPENSE				\$394.41
ACCOUNT NO.							
ROSENMEIER LAW OFFICE THOMAS SCOTT SEELEN 210 2ND ST NE LITTLE FALLS, MN 56345			LAWSUIT ON BEHALF OF ZARNS OIL INC 49-CV-13-398			X	\$400,000.00
Additional Contacts for ROSENMEIER LAW OFFICE:							
ZARNS OIL INC 1018 HAVEN RD LITTLE FALLS, MN 56345							
ACCOUNT NO.							
S & S MINI STORAGE 22 W 5TH ST S MELROSE, MN 56352			BUSINESS EXPENSE				\$140.00

In re **JULIE K KLAPHAKE**, Debtor Case No. \_\_\_\_\_ (if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <b>8159</b>							
<b>SEARS CREDIT CARDS PO BOX 688957 DES MOINES, IA 50368</b>			<b>Credit Card Charges</b>				<b>\$13,151.40</b>
ACCOUNT NO.							
<b>ST CLOUD FIRE EQUIPMENT CO 575 MINNEHAHA AVE W ST PAUL, MN 55103</b>			<b>BUSINESS EXPENSE</b>				<b>\$112.44</b>
ACCOUNT NO.							
<b>ST CLOUD TIMES PO BOX 5034 SIOUX FALLS, SD 57112</b>			<b>BUSINESS EXPENSE</b>				<b>\$3,571.46</b>
ACCOUNT NO.							
<b>STAR PUBLICATIONS 522 SINCLAIR LEWIS AVE SAUK CENTRE, MN 56378</b>			<b>BUSINESS EXPENSE</b>				<b>\$1,476.78</b>

Sheet no. 11 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **18,312.08**

Total▶  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$

In re **JULIE K KLAPHAKE**, Debtor Case No. \_\_\_\_\_ (if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
STONY CREEK DAIRY 30614 353RD AVE MELROSE, MN 56352			BUSINESS EXPENSE				\$9,593.29
ACCOUNT NO. 0530							
TARGET NATIONAL BANK PO BOX 660170 DALLAS, TX 75266			Credit Card Charges				\$12,511.31
ACCOUNT NO.							
TRISKO HEATING AND PLUMBING INC 320 PINE ST S SAUK CENTRE, MN 56378			BUSINESS EXPENSE				\$268.89
ACCOUNT NO.							
UNITY FAMILY HEALTHCARE 815 SE 2ND STREET LITTLE FALLS, MN 56345			***Creditor unsecured consideration RMC***				\$800.00

Sheet no. 12 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal ► \$ **23,173.49**

Total ► \$

(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re **JULIE K KLAPHAKE**, Debtor Case No. \_\_\_\_\_ (if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
VIKING COCA COLA PO BOX 806 ST CLOUD, MN 56302			BUSINESS EXPENSE				\$6,314.34
Additional Contacts for VIKING COCA COLA:							
CENTRAL MERCANTILE COLLECTION SERVICES 7400 LYNDAL AVE S SUITE 160 MINNEAPOLIS, MN 55423							

Sheet no. 13 of 13 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶ \$ **6,314.34**

Total▶  
(Use only on last page of the completed Schedule F.)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

\$ **599,752.08**

B 6G (Official Form 6G) (12/07)

In re JULIE K KLAPHAKE, Case No. \_\_\_\_\_  
Debtor (if known)

**SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES**

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

B 6H (Official Form 6H) (12/07)

In re JULIE K KLAPHAKE,  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE H - CODEBTORS

☐ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR
RODNEY KLAPHAKE 34392 PEACH DRIVE ALBANY, MN 56307	CENTRAL MINNESOTA CREDIT UNION Account No.: OANS PO BOX 339 ALBANY, MN 56307



**Fill in this information to identify your case:**

Debtor 1 **JULIE K KLAPHAKE**  
First Name Middle Name Last Name

Debtor 2  
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for: **Minnesota**

Case number  
 (If known) \_\_\_\_\_

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing post-petition chapter 13 income as of the following date:

MM / DD / YYYY

**Official Form B 6I**

**Schedule I: Your Income**

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

**Part 1: Describe Employment**

**1. Fill in your employment information.**

If you have more than one job, attach a separate page with information about additional employers.

Include part-time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

**Employment status**

- ☒ Employed  
☐ Not employed

- ☐ Employed  
☒ Not employed

**Occupation**

**See Attachment 2**

**Employer's name**

**TOTAL EXPRESS**

**Employer's address**

**406 S 2ND AVE E**

Number Street

Number Street

**MELROSE, MN 56352**

City State ZIP Code

City State ZIP Code

**How long employed there?**

**See Attachment 1**

**Part 2: Give Details About Monthly Income**

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. <b>List monthly gross wages, salary, and commissions</b> (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 0.00	\$
3. <b>Estimate and list monthly overtime pay.</b>	3. + \$ 0.00	+ \$
4. <b>Calculate gross income.</b> Add line 2 + line 3.	4. \$ 0.00	\$ 0.00

Debtor 1

**JULIE K KLAPHAKE**

First Name

Middle Name

Last Name

Case number (if known)

	For Debtor 1	For Debtor 2 or non-filing spouse	
<b>Copy line 4 here</b> ..... → 4.	\$ <b>0.00</b>	\$ <b>0.00</b>	
<b>5. List all payroll deductions:</b>			
5a. <b>Tax, Medicare, and Social Security deductions</b>	5a. \$ <b>0.00</b>	\$ _____	
5b. <b>Mandatory contributions for retirement plans</b>	5b. \$ <b>0.00</b>	\$ _____	
5c. <b>Voluntary contributions for retirement plans</b>	5c. \$ <b>0.00</b>	\$ _____	
5d. <b>Required repayments of retirement fund loans</b>	5d. \$ <b>0.00</b>	\$ _____	
5e. <b>Insurance</b>	5e. \$ <b>0.00</b>	\$ _____	
5f. <b>Domestic support obligations</b>	5f. \$ <b>0.00</b>	\$ _____	
5g. <b>Union dues</b>	5g. \$ <b>0.00</b>	\$ _____	
5h. <b>Other deductions.</b> Specify: _____	5h. + \$ <b>0.00</b>	+ \$ _____	
<b>6. Add the payroll deductions.</b> Add lines 5a + 5b + 5c + 5d + 5e + 5f + 5g + 5h.	6. \$ <b>0.00</b>	\$ <b>0.00</b>	
<b>7. Calculate total monthly take-home pay.</b> Subtract line 6 from line 4.	7. \$ <b>0.00</b>	\$ <b>0.00</b>	
<b>8. List all other income regularly received:</b>			
<b>8a. Net income from rental property and from operating a business, profession, or farm</b> Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$ <b>500.00</b>	\$ <b>0.00</b>	
<b>8b. Interest and dividends</b>	8b. \$ <b>0.00</b>	\$ <b>0.00</b>	
<b>8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive</b> Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$ <b>0.00</b>	\$ <b>0.00</b>	
<b>8d. Unemployment compensation</b>	8d. \$ <b>0.00</b>	\$ <b>1,672.00</b>	
<b>8e. Social Security</b>	8e. \$ <b>0.00</b>	\$ <b>0.00</b>	
<b>8f. Other government assistance that you regularly receive</b> Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$ _____	\$ _____	
<b>8g. Pension or retirement income</b>	8g. \$ <b>0.00</b>	\$ <b>0.00</b>	
<b>8h. Other monthly income.</b> Specify: _____	8h. + \$ _____	+ \$ _____	
<b>9. Add all other income.</b> Add lines 8a + 8b + 8c + 8d + 8e + 8f + 8g + 8h.	9. <b>\$ 500.00</b>	<b>\$ 1,672.00</b>	
<b>10. Calculate monthly income.</b> Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. <b>\$ 500.00</b>	+ <b>\$ 1,672.00</b>	= <b>\$ 2,172.00</b>
<b>11. State all other regular contributions to the expenses that you list in Schedule J.</b> Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: _____			
		11. + \$ <b>0.00</b>	
<b>12. Add the amount in the last column of line 10 to the amount in line 11.</b> The result is the combined monthly income. Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities and Related Data</i> , if it applies			12. <b>\$ 2,172.00</b> <b>Combined monthly income</b>
<b>13. Do you expect an increase or decrease within the year after you file this form?</b>			
<input type="checkbox"/> No.			
<input checked="" type="checkbox"/> Yes. Explain: <b>See Attachment 3</b>			

## **Addendum**

### **Attachment 1**

**Occupation: FORMER BUSINESS OPERATOR/MILKING COWS**  
**Employer's Name: TOTAL EXPRESS**  
**Address: 457 MAIN STREET S**  
**BROWERVILLE, MN 56438**

### **Attachment 2**

**FORMER BUSINESS OPERATOR/MILKING COWS**

### **Attachment 3**

**DEBTOR IS LOOKING FOR FULL TIME EMPLOYMENT. CURRENTLY MILKING COWS SINCE DECEMBER 2013: MILK INCOME INFORMATION IS AN ESTIMATE GIVEN START UP COSTS.**

Fill in this information to identify your case:

Debtor 1 **JULIE K KLAPHAKE**  
First Name Middle Name Last Name  
Debtor 2 **RODNEY KLAPHAKE**  
(Spouse, if filing) First Name Middle Name Last Name  
United States Bankruptcy Court for : **Minnesota**  
Case number \_\_\_\_\_  
(If known)

Check if this is:

- ☐ An amended filing  
☐ A supplement showing post-petition chapter 13 expenses as of the following date:  
\_\_\_\_\_  
MM / DD / YYYY  
☐ A separate filing for Debtor 2 because Debtor 2 maintains a separate household

Official Form B 6J

Schedule J: Your Expenses

12/13

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Your Household

1. Is this a joint case?

- ☒ No. Go to line 2.  
☐ Yes. Does Debtor 2 live in a separate household?  
☒ No  
☐ Yes. Debtor 2 must file a separate Schedule J.

2. Do you have dependents?

☐ No

☒ Yes. Fill out this information for each dependent.....

Dependent's relationship to Debtor 1 or Debtor 2

Dependent's age

Does dependent live with you?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

DAUGHTER

9

☐ No  
☒ Yes

DAUGHTER

11

☐ No  
☒ Yes

DAUGHTER

17

☒ No  
☐ Yes

☐ No  
☐ Yes

☐ No  
☐ Yes

3. Do your expenses include expenses of people other than yourself and your dependents?

- ☐ No  
☐ Yes

Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form B 6I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$2,500.00

If not included in line 4:

4a. Real estate taxes

4a. \$0.00

4b. Property, homeowner's, or renter's insurance

4b. \$0.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$20.00

4d. Homeowner's association or condominium dues

4d. \$0.00

Debtor 1

**JULIE K KLAPHAKE**

First Name

Middle Name

Last Name

Case number (if known)

	Your expenses
5. <b>Additional mortgage payments for your residence</b> , such as home equity loans	5. \$ <b>0.00</b>
6. <b>Utilities:</b>	
6a. Electricity, heat, natural gas	6a. \$ <b>300.00</b>
6b. Water, sewer, garbage collection	6b. \$ <b>30.00</b>
6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$ <b>250.00</b>
6d. Other. Specify: _____	6d. \$ <b>0.00</b>
7. <b>Food and housekeeping supplies</b>	7. \$ <b>500.00</b>
8. <b>Childcare and children's education costs</b>	8. \$ <b>50.00</b>
9. <b>Clothing, laundry, and dry cleaning</b>	9. \$ <b>100.00</b>
10. <b>Personal care products and services</b>	10. \$ <b>20.00</b>
11. <b>Medical and dental expenses</b>	11. \$ <b>40.00</b>
12. <b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12. \$ <b>200.00</b>
13. <b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13. \$ <b>40.00</b>
14. <b>Charitable contributions and religious donations</b>	14. \$ <b>20.00</b>
15. <b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.	
15a. Life insurance	15a. \$ <b>3.00</b>
15b. Health insurance	15b. \$ <b>0.00</b>
15c. Vehicle insurance	15c. \$ <b>250.00</b>
15d. Other insurance. Specify: _____	15d. \$ <b>0.00</b>
16. <b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: _____	16. \$ <b>0.00</b>
17. <b>Installment or lease payments:</b>	
17a. Car payments for Vehicle 1	17a. \$ <b>0.00</b>
17b. Car payments for Vehicle 2	17b. \$ <b>0.00</b>
17c. Other. Specify: _____	17c. \$ _____
17d. Other. Specify: _____	17d. \$ _____
18. <b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form B 6I).</b>	18. \$ <b>0.00</b>
19. <b>Other payments you make to support others who do not live with you.</b> Specify: _____	19. \$ <b>0.00</b>
20. <b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>	
20a. Mortgages on other property	20a. \$ <b>0.00</b>
20b. Real estate taxes	20b. \$ <b>0.00</b>
20c. Property, homeowner's, or renter's insurance	20c. \$ <b>0.00</b>
20d. Maintenance, repair, and upkeep expenses	20d. \$ <b>0.00</b>
20e. Homeowner's association or condominium dues	20e. \$ <b>0.00</b>

Debtor 1

**JULIE K KLAPHAKE**

First Name

Middle Name

Last Name

Case number (if known) \_\_\_\_\_

21. **Other.** Specify: \_\_\_\_\_

21. **+\$0.00** \_\_\_\_\_

22. **Your monthly expenses.** Add lines 4 through 21.

The result is your monthly expenses.

22. **\$4,323.00** \_\_\_\_\_

23. **Calculate your monthly net income.**

23a. Copy line 12 (*your combined monthly income*) from *Schedule I*.

23a. **\$2,172.00** \_\_\_\_\_

23b. Copy your monthly expenses from line 22 above.

23b. **-\$4,323.00** \_\_\_\_\_

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c. **\$-2,151.00** \_\_\_\_\_

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☒ No.

☐ Yes.

Explain here:

# UNITED STATES BANKRUPTCY COURT

## MINNESOTA

In re

**JULIE K KLAPHAKE**,  
*Debtor*

Case No. \_\_\_\_\_

Chapter **7**

### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

**Summarize the following types of liabilities, as reported in the Schedules, and total them.**

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ <b>0.00</b>
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ <b>0.00</b>
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ <b>0.00</b>
Student Loan Obligations (from Schedule F)	\$ <b>0.00</b>
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ <b>0.00</b>
<b>TOTAL</b>	\$ <b>0.00</b>

**State the following:**

Average Income (from Schedule I, Line 12)	\$ <b>2,172.00</b>
Average Expenses (from Schedule J, Line 22)	\$ <b>4,323.00</b>
Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C Line 20 )	\$ <b>5,022.00</b>

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ <b>4,200.00</b>
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ <b>0.00</b>	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ <b>0.00</b>
4. Total from Schedule F		\$ <b>599,752.08</b>
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ <b>603,952.08</b>

UNITED STATES BANKRUPTCY COURT  
Minnesota

In re: **JULIE K KLAPHAKE**

Case No. \_\_\_\_\_

Chapter **7**

**BUSINESS INCOME AND EXPENSES**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business

operation.)

PART A - GROSS BUSINESS INCOME FOR PREVIOUS 12 MONTHS:

1. Gross Income For 12 Months Prior to Filing: \$ \_\_\_\_\_

PART B - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

2. Gross Monthly Income: \$ \_\_\_\_\_

PART C - ESTIMATED FUTURE MONTHLY EXPENSES:

3. Net Employee Payroll (Other Than Debtor) \$ \_\_\_\_\_

4. Payroll Taxes N/A

5. Unemployment Taxes \_\_\_\_\_

6. Worker's Compensation \_\_\_\_\_

7. Other Taxes \_\_\_\_\_

8. Inventory Purchases (Including raw materials) \_\_\_\_\_

9. Purchase of Feed/Fertilizer/Seed/Spray \_\_\_\_\_

10. Rent (Other than debtor's principal residence) \_\_\_\_\_

11. Utilities \_\_\_\_\_

12. Office Expenses and Supplies \_\_\_\_\_

13. Repairs and Maintenance \_\_\_\_\_

14. Vehicle Expenses \_\_\_\_\_

15. Travel and Entertainment \_\_\_\_\_

16. Equipment Rental and Leases \_\_\_\_\_

17. Legal/Accounting/Other Professional Fees \_\_\_\_\_

18. Insurance \_\_\_\_\_

19. Employee Benefits (e.g., pension, medical, etc.) \_\_\_\_\_

20. Payments to Be Made Directly By Debtor to Secured Creditors For  
Pre-Petition Business Debts (Specify): \_\_\_\_\_

21. Other (Specify): \_\_\_\_\_

22. Total Monthly Expenses (Add items 3 - 21) \$ **0.00**

PART D - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME (Subtract Item 22 from Item 2) \$ **0.00**



**UNITED STATES BANKRUPTCY COURT**  
MINNESOTA

In re JULIE K KLAPHAKE  
Debtor

Case No. \_\_\_\_\_

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.**

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now.

**If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.**

☐ 4. I am not required to receive a credit counseling briefing because of:

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. ' 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: s/JULIE K KLAPHAKE

Date: April 25, 2014

**Form 1007-1 - Statement Of Compensation By Debtor's Attorney**

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MINNESOTA

In re:

**JULIE K KLAPHAKE**

Case No. BKY \_\_\_\_\_

Chapter 7 Case

Debtor(s).

[Note - caption is same as Official Bankruptcy Form 16B]

STATEMENT OF COMPENSATION BY ATTORNEY FOR DEBTOR(S)

The undersigned, pursuant to Local Rule 1007-1, Bankruptcy Rule 2016(b) and § 329(a) of the Bankruptcy Code, states that:

1. The undersigned is the attorney for the debtor(s) in this case and files this statement as required by applicable rules.
2. (a) The filing fee paid by the undersigned to the clerk for the debtor(s) in this case is: \$ 306.00
- (b) The compensation paid or agreed to be paid by the debtor(s) to the undersigned is: \$ 2,500.00
- (c) Prior to filing this statement, the debtor(s) paid to the undersigned: \$ 2,500.00
- (d) The unpaid balance due and payable by the debtor(s) to the undersigned is: \$ 0.00

3. The services rendered or to be rendered include the following: (a) analysis of the financial situation and rendering advice and assistance to the debtor in determining whether to file a petition under Title 11 of the United States Code; (b) preparation and filing of the petition, exhibits, attachments, schedules, statements and lists and other documents required by the court; (c) representation of the debtor(s) at the meeting of creditors; (d)

negotiations with creditors; and (e) other services reasonably necessary to represent the debtor(s) in this case.

4. The source of all payments by the debtor(s) to the undersigned was or will be from earnings or other current compensation of the debtor(s), and the undersigned has not received and will not receive any transfer of property other than such payments by the debtor(s), except as follows: \_\_\_\_\_

5. The undersigned has not shared or agreed to share with any other person other than with members of undersigned's law firm any compensation paid or to be paid.

Dated: April 25, 2014 Signed: s/LOGANMOORE

Attorney for Debtor(s)  
Name, Address, Telephone and  
Attorney License Number

LOCAL RULE REFERENCE: 1007-1

**LOGAN MOORE**  
**1118 BROADWAY**  
**ALEXANDRIA, Minnesota 56308**  
**(320) 763-6561**  
**312083**

# UNITED STATES BANKRUPTCY COURT

MINNESOTA

In re: JULIE K KLAPHAKE

Debtor

Case No

(if known)

## STATEMENT OF FINANCIAL AFFAIRS

### 1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Debtor:

Current Year (2014):  
\$9,000.00

WAGES

Previous Year 1 (2013):  
\$97,654.00

JOINT WAGES

Previous Year 2 (2012):

Joint Debtor:  
N/A

### 2. Income other than from employment or operation of business

None  
☐

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

Debtor:

Current Year (2014):

Previous Year 1 (2013):  
\$28,706.00

RENTAL INCOME

Previous Year 2 (2012):

Joint Debtor:  
N/A

### 3. Payments to creditors

*Complete a. or b., as appropriate, and c.*

None  
☒

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
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None  
☐

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
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Debtor:  
TARGET NATIONAL BANK  
PO BOX 660170  
DALLAS, TX 75266

MONTHLY MIN  
PAYMENT OVER  
\$200.00

SEARS CREDIT CARDS  
PO BOX 688957  
DES MOINES, Iowa 50368

MONTHLY MIN  
PAYMENT OVER  
\$200.00

None  
☒

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
---------------------------------------------------------	-----------------	-------------	--------------------

\* Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**4. Suits and administrative proceedings, executions, garnishments and attachments**None  
☐

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Debtor: ZARNS OIL INC VS TOTAL EXPRESS OF MELROSE, INC., TOTAL EXPRESS OF BROWERVILLE, INC., JULIE KLAPHAKE Case Number: 49-CV-13-398	COLLECTION OF CLAIM	***Lawsuit dtr court or agency name RTE*** MORRISON COUNTY	ACTIVE

None  
☒

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
------------------------------------------------------------------------	--------------------	-----------------------------------------

**5. Repossessions, foreclosures and returns**None  
☒

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
-------------------------------------------	------------------------------------------------------------------	-----------------------------------------

**6. Assignments and receiverships**None  
☒

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
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None  
☒

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
----------------------------------	------------------------------------------------------	------------------	-----------------------------------------

**7. Gifts**None  
☒

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
--------------------------------------------------	--------------------------------------	-----------------	-------------------------------------

**8. Losses**None  
☐

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
Debtor HAIL DAMAGE TO ROOF OF HOMESTEAD Value: \$342,900.00	HAIL STORM INSURANCE PAID FOR NEW SHINGLES	SPRING 2013

**9. Payments related to debt counseling or bankruptcy**None  
☐

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Debtor: VELDE MOORE, LTD 1118 BROADWAY ALEXANDRIA, MN 56308	04/17/2014	\$2,306.00 FILING AND ATTY FEES



**10. Other transfers**

None



a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
-----------------------------------------------------------	------	--------------------------------------------------------

Debtor:

UNKNOWN

\*\*\*Transfer dtr two years transferee address RTE\*\*\*

WINTER 2013

PURCHASED OLDER  
SNOWMOBILE  
Value: \$900.00

Relationship to Debtor: NONE

UNKNOWN

\*\*\*Transfer dtr two years transferee address RTE\*\*\*

DECEMBER 2013

RING  
Value: \$5,600.00

Relationship to Debtor: NONE

None



b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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**11. Closed financial accounts**

None



List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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**12. Safe deposit boxes**

None



List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless

the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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### 13. Setoffs

None  
☒

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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### 14. Property held for another person

None  
☒

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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### 15. Prior address of debtor

None  
☒

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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### 16. Spouses and Former Spouses

None  
☒

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

**17. Environmental Information.**

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites. "

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None  
☒

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None  
☒

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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None  
☒

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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**18 . Nature, location and name of business**

None  
☐

a. *If the debtor is an individual*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer-identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of

the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO (ITIN)/ COMPLETE EIN	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
Debtor: TOTAL EXPRESS OF MELROSE, INC	***Business dtr individual abbrev id number RTE***/ ***Business dtr individual complete ein number RTE***	406 S 2ND AVENUE E MELROSE, MN 56352	SERVICE STATION	Beginning Date: 06/01/2004 Ending Date: 04/01/2014
TOTAL EXPRESS OF BROWERVILLE	***Business dtr individual abbrev id number RTE***/ ***Business dtr individual complete ein number RTE***	457 MAIN STREET BROWERVILLE, MN 56438	SERVICE STATION	Beginning Date: 06/01/2004 Ending Date: 04/01/2014

None  
☒

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
------	---------

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

#### 19. Books, records and financial statements

None  
☐

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
Debtor: HABDEN HENNEN & CO PA PO BOX 238 ST JOSEPH, MN 56374	ACCOUNTING/TAX

None  
☒

b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
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Debtor:

\*\*\*IF Accountant auditor dtr within two years TF\*\*\*

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME

ADDRESS

Debtor:

\*\*\*IF Accountant dtr book holder TF\*\*\*

None ☒ d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

Debtor:

\*\*\*IF Accountant dtr fin statement issued TF\*\*\*

## 20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT  
OF INVENTORY  
(Specify cost, market or other  
basis)

Debtor:

\*\*\*IF Inventory dtr TF\*\*\*

None ☒ b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES  
OF CUSTODIAN  
OF INVENTORY RECORDS

Debtor:

\*\*\*IF Inventory dtr TF\*\*\*

## 21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

N/A

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

N/A

## 22. Former partners, officers, directors and shareholders

None  
☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME	ADDRESS	DATE OF WITHDRAWAL
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N/A

None  
☒ b. If the debtor is a corporation, list all officers or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS	TITLE	DATE OF TERMINATION
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N/A

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**23 . Withdrawals from a partnership or distributions by a corporation**

None  
☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS OF RECIPIENT, RELATIONSHIP TO DEBTOR	DATE AND PURPOSE OF WITHDRAWAL	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
-----------------------------------------------------------	-----------------------------------	------------------------------------------------------------

N/A

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**24. Tax Consolidation Group.**

None  
☒ If the debtor is a corporation, list the name and federal taxpayer-identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION	TAXPAYER-IDENTIFICATION NUMBER (EIN)
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**25. Pension Funds.**

None  
☒ If the debtor is not an individual, list the name and federal taxpayer-identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND	TAXPAYER-IDENTIFICATION NUMBER (EIN)
----------------------	--------------------------------------

\* \* \* \* \*

---

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

April 25, 2014

s/JULIE K KLAPHAKE

Date \_\_\_\_\_ Signature  
of Debtor \_\_\_\_\_

Date \_\_\_\_\_ Signature of  
Joint Debtor  
(if any) \_\_\_\_\_

0 continuation sheets attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

UNITED STATES BANKRUPTCY COURT  
MINNESOTA

In re JULIE K KLAPHAKE  
Debtor

Case No. \_\_\_\_\_  
Chapter 7

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

**PART A** – Debts secured by property of the estate. *(Part A must be fully completed for EACH debt which is secured by property of the estate. Attach additional pages if necessary.)*

Property No. 1	
<b>Creditor's Name:</b> FORD MOTOR COMPANY	<b>Describe Property Securing Debt:</b> 2012 FORD FUSION WITH 34000 MILES
Property will be <i>(check one)</i> : <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained	
If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is <i>(check one)</i> : <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

Property No. 2	
<b>Creditor's Name:</b> WELLS FARGO MORTGAGE	<b>Describe Property Securing Debt:</b> ***Creditor secured property description RTE***
Property will be <i>(check one)</i> : <input type="checkbox"/> Surrendered <input checked="" type="checkbox"/> Retained	
If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain WILL PAY OBLIGATION, PROPERTY TAXES AND HOMEOWNERS INS OUTSIDE OF A REAFFIRMATION AGREEMENT.	
Property is <i>(check one)</i> : <input checked="" type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	



Property No. 3	
<b>Creditor's Name:</b> CENTRAL MINNESOTA CREDIT UNION	<b>Describe Property Securing Debt:</b> 1/2 INTEREST IN 1845C CASE IH SKIDLOADER \$6,000.00 1/2 INTEREST IN JD 4450 TRACTOR WITH DISC, BALER, & PLOW \$33,000.00 1/2 INTEREST IN MILK COWS: \$22,000.00 1/2 INTEREST IN FEED CORN IN SILO \$ FARM EQUIPMENT: DISC, BALER, PLOW AND JOHNE DEERE TRACTOR 4450 3 YEARS OLD; 1/2 INTEREST IN FEED CORN IN SILO
Property will be <i>(check one)</i> : <input type="checkbox"/> Surrendered <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Retained</span>	
If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input checked="" type="checkbox"/> Other. Explain WILL PAY LIEN ON EQUIPMENT AND INSURE WITHOUT REAFFIRMATION AGREEMENT.	
Property is <i>(check one)</i> : <input checked="" type="checkbox"/> Claimed as exempt <span style="margin-left: 100px;"><input type="checkbox"/> Not claimed as exempt</span>	

Property No. 4	
<b>Creditor's Name:</b> Freeport Bk	<b>Describe Property Securing Debt:</b> TOTAL EXPRESS OF BROWERVILLE, INC LOCATION
Property will be <i>(check one)</i> : <input checked="" type="checkbox"/> Surrendered <span style="margin-left: 100px;"><input type="checkbox"/> Retained</span>	
If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).	
Property is <i>(check one)</i> : <input type="checkbox"/> Claimed as exempt <span style="margin-left: 100px;"><input checked="" type="checkbox"/> Not claimed as exempt</span>	

Property No. 5	
<b>Creditor's Name:</b> Freeport Bk	<b>Describe Property Securing Debt:</b> LOCATION OF TOTAL EXPRESS OF MELROSE INC
Property will be <i>(check one)</i> : <input checked="" type="checkbox"/> Surrendered <input type="checkbox"/> Retained  If retaining the property, I intend to <i>(check at least one)</i> : <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)).  Property is <i>(check one)</i> : <input type="checkbox"/> Claimed as exempt <input checked="" type="checkbox"/> Not claimed as exempt	

**PART B** – Personal property subject to unexpired leases. *(All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)*

Property No. 1		
<b>Lessor's Name:</b> None	<b>Describe Leased Property:</b>	Lease will be Assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> YES <input type="checkbox"/> NO

**I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.**

Date: April 25, 2014 \_\_\_\_\_

s/JULIE K KLAPHAKE \_\_\_\_\_

Signature of Debtor

\_\_\_\_\_  
Signature of Joint Debtor

In re **JULIE K KLAPHAKE**  
Debtor(s)

Case Number: \_\_\_\_\_  
(If known)

According to the information required to be entered on this statement (check one box as directed in Part I, III, or VI of this statement):

- ☐ The presumption arises.  
☒ The presumption does not arise.  
☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

### Part I. MILITARY AND NON-CONSUMER DEBTORS

<b>1A</b>	<p><b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for “The presumption does not arise” at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
<b>1B</b>	<p><b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.</p>
<b>1C</b>	<p><b>Reservists and National Guard Members; active duty or homeland defense activity.</b> Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the “exclusion period”). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for “The presumption is temporarily inapplicable” at the top of this statement, and (3) complete the verification in Part VIII. <b>During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.</b></p> <p><input type="checkbox"/> <b>Declaration of Reservists and National Guard Members.</b> By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard</p> <div style="margin-left: 40px;"> <p>a. <input type="checkbox"/> I was called to active duty after September 11, 2001, for a period of at least 90 days and</p> <div style="margin-left: 20px;"> <input type="checkbox"/> I remain on active duty /or/  <input type="checkbox"/> I was released from active duty on _____, which is less than 540 days before this bankruptcy case was filed; </div> <p style="text-align: center;">OR</p> <p>b. <input type="checkbox"/> I am performing homeland defense activity for a period of at least 90 days /or/  <input type="checkbox"/> I performed homeland defense activity for a period of at least 90 days, terminating on _____, which is less than 540 days before this bankruptcy case was filed.</p> </div>

**Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION**

2	<b>Marital/filing status.</b> Check the box that applies and complete the balance of this part of this statement as directed. a. <input type="checkbox"/> Unmarried. <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b> b. <input type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only Column A ("Debtor's Income") for Lines 3-11.</b> c. <input checked="" type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b> d. <input type="checkbox"/> Married, filing jointly. <b>Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</b>		
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		
3	<b>Gross wages, salary, tips, bonuses, overtime, commissions.</b>		
4	<b>Income from the operation of a business, profession or farm.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on Line b as a deduction in Part V.</b>		
	a.	Gross receipts	\$ 4,000.00
	b.	Ordinary and necessary business expenses	\$ 3,500.00
	c.	Business income	Subtract Line b from Line a
5	<b>Rent and other real property income.</b> Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any part of the operating expenses entered on Line b as a deduction in Part V.</b>		
	a.	Gross receipts	\$ 0.00
	b.	Ordinary and necessary operating expenses	\$ 0.00
	c.	Rent and other real property income	Subtract Line b from Line a
6	<b>Interest, dividends and royalties.</b>		
7	<b>Pension and retirement income.</b>		
8	<b>Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.		
	\$ 0.00	\$ 0.00	\$ 0.00
9	<b>Unemployment compensation.</b> Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:		
	Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____
	\$ 0.00	\$ 1,672.00	\$ 1,672.00

10	<b>Income from all other sources.</b> Specify source and amount. If necessary, list additional sources on a separate page. <b>Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance.</b> Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	a.		\$	b.		\$		
a.		\$							
b.		\$							
	Total and enter on Line 10	\$ 0.00	\$ 0.00						
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$ 3,100.00	\$ 1,922.00						
12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$ 5,022.00							
<b>Part III. APPLICATION OF § 707(b)(7) EXCLUSION</b>									
13	<b>Annualized Current Monthly Income for § 707(b)(7).</b> Multiply the amount from Line 12 by the number 12 and enter the result.	\$ 60,264.00							
14	<b>Applicable median family income.</b> Enter the median family income for the applicable state and household size. (This information is available by family size at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: <u>Minnesota</u> b. Enter debtor's household size: <u>5</u>	\$ 100,377.00							
15	<b>Application of Section 707(b)(7).</b> Check the applicable box and proceed as directed. <input checked="" type="checkbox"/> <b>The amount on Line 13 is less than or equal to the amount on Line 14.</b> Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. <input type="checkbox"/> <b>The amount on Line 13 is more than the amount on Line 14.</b> Complete the remaining parts of this statement.								

**Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)**

<b>Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)</b>												
16	Enter the amount from Line 12.		\$									
17	<b>Marital adjustment.</b> If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">a.</td> <td style="width: 60%;"></td> <td style="width: 35%; text-align: right;">\$</td> </tr> <tr> <td>b.</td> <td></td> <td style="text-align: right;">\$</td> </tr> <tr> <td>c.</td> <td></td> <td style="text-align: right;">\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$		
a.		\$										
b.		\$										
c.		\$										
	Total and enter on Line 17.		\$									
18	<b>Current monthly income for § 707(b)(2).</b> Subtract Line 17 from Line 16 and enter the result.	\$										

## Part V. CALCULATION OF DEDUCTIONS FROM INCOME

### Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A	<b>National Standards: food, clothing and other items.</b> Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								
19B	<b>National Standards: health care.</b> Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.	\$																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left; padding: 2px;">Persons under 65 years of age</th><th colspan="3" style="text-align: left; padding: 2px;">Persons 65 years of age or older</th></tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center; padding: 2px;">a1.</td><td style="width: 35%; padding: 2px;">Allowance per person</td><td style="width: 20%;"></td><td style="width: 5%; text-align: center; padding: 2px;">a2.</td><td style="width: 35%; padding: 2px;">Allowance per person</td><td style="width: 20%;"></td></tr> <tr> <td style="text-align: center; padding: 2px;">b1.</td><td style="padding: 2px;">Number of persons</td><td></td><td style="text-align: center; padding: 2px;">b2.</td><td style="padding: 2px;">Number of persons</td><td></td></tr> <tr> <td style="text-align: center; padding: 2px;">c1.</td><td style="padding: 2px;">Subtotal</td><td></td><td style="text-align: center; padding: 2px;">c2.</td><td style="padding: 2px;">Subtotal</td><td></td></tr> </tbody> </table>			Persons under 65 years of age			Persons 65 years of age or older			a1.	Allowance per person		a2.	Allowance per person		b1.	Number of persons		b2.	Number of persons		c1.	Subtotal		c2.	Subtotal	
Persons under 65 years of age			Persons 65 years of age or older																							
a1.	Allowance per person		a2.	Allowance per person																						
b1.	Number of persons		b2.	Number of persons																						
c1.	Subtotal		c2.	Subtotal																						
20A	<b>Local Standards: housing and utilities; non-mortgage expenses.</b> Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.	\$																								
20B	<b>Local Standards: housing and utilities; mortgage/rent expense.</b> Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. <b>Do not enter an amount less than zero.</b>	\$																								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 5%; text-align: center; padding: 2px;">a.</td><td style="width: 60%; padding: 2px;">IRS Housing and Utilities Standards; mortgage/rental expense</td><td style="width: 35%; padding: 2px;">\$</td></tr> <tr> <td style="text-align: center; padding: 2px;">b.</td><td style="padding: 2px;">Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td><td style="padding: 2px;">\$</td></tr> <tr> <td style="text-align: center; padding: 2px;">c.</td><td style="padding: 2px;">Net mortgage/rental expense</td><td style="padding: 2px;">Subtract Line b from Line a.</td></tr> </tbody> </table>			a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a.															
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$																								
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$																								
c.	Net mortgage/rental expense	Subtract Line b from Line a.																								
21	<b>Local Standards: housing and utilities; adjustment.</b> If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:	\$																								

22A	<p><b>Local Standards: transportation; vehicle operation/public transportation expense.</b> You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0   <input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the “Public Transportation” amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the “Operating Costs” amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p><b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the “Public Transportation” amount from IRS Local Standards: Transportation. (This amount is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)</p>	\$									
23	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 1.</b> Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1   <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the “Ownership Costs” for “One Car” from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: center;">Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.									
24	<p><b>Local Standards: transportation ownership/lease expense; Vehicle 2.</b> Complete this Line only if you checked the “2 or more” Box in Line 23.</p> <p>Enter, in Line a below, the “Ownership Costs” for “One Car” from the IRS Local Standards: Transportation (available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. <b>Do not enter an amount less than zero.</b></p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td style="text-align: center;">Subtract Line b from Line a.</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.									
25	<p><b>Other Necessary Expenses: taxes.</b> Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. <b>Do not include real estate or sales taxes.</b></p>	\$									
26	<p><b>Other Necessary Expenses: involuntary deductions for employment.</b> Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b></p>	\$									
27	<p><b>Other Necessary Expenses: life insurance.</b> Enter total average monthly premiums that you actually pay for term life insurance for yourself. <b>Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.</b></p>	\$									
28	<p><b>Other Necessary Expenses: court-ordered payments.</b> Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. <b>Do not include payments on past due obligations included in Line 44.</b></p>	\$									



29	<b>Other Necessary Expenses: education for employment or for a physically or mentally challenged child.</b> Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$									
30	<b>Other Necessary Expenses: childcare.</b> Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. <b>Do not include other educational payments.</b>	\$									
31	<b>Other Necessary Expenses: health care.</b> Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. <b>Do not include payments for health insurance or health savings accounts listed in Line 34.</b>	\$									
32	<b>Other Necessary Expenses: telecommunication services.</b> Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. <b>Do not include any amount previously deducted.</b>	\$									
33	<b>Total Expenses Allowed under IRS Standards.</b> Enter the total of Lines 19 through 32.	\$									
<b>Subpart B: Additional Living Expense Deductions</b> <b>Note: Do not include any expenses that you have listed in Lines 19-32</b>											
34	<b>Health Insurance, Disability Insurance, and Health Savings Account Expenses.</b> List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%; margin-top: 10px; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 70%;">Health Insurance</td> <td style="width: 25%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Disability Insurance</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Health Savings Account</td> <td style="text-align: center;">\$</td> </tr> </table> <p>Total and enter on Line 34</p> <p><b>If you do not actually expend this total amount,</b> state your actual total average monthly expenditures in the space below:            \$ _____</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	<b>Continued contributions to the care of household or family members.</b> Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	<b>Protection against family violence.</b> Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									
37	<b>Home energy costs.</b> Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. <b>You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$									
38	<b>Education expenses for dependent children less than 18.</b> Enter the total average monthly expenses that you actually incur, not to exceed \$156.25* per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. <b>You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.</b>	\$									

\*Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.



39	<b>Additional food and clothing expense.</b> Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) <b>You must demonstrate that the additional amount claimed is reasonable and necessary.</b>	\$
40	<b>Continued charitable contributions.</b> Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$
41	<b>Total Additional Expense Deductions under § 707(b).</b> Enter the total of Lines 34 through 40	\$

### Subpart C: Deductions for Debt Payment

42	<p><b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>Average Monthly Payment</th> <th>Does payment include taxes or insurance?</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$</td> <td><input type="checkbox"/> yes <input type="checkbox"/> no</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines a, b and c.</td> <td></td> </tr> </tbody> </table>					Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no				Total: Add Lines a, b and c.		\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																										
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																										
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																										
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																										
			Total: Add Lines a, b and c.																											
43	<p><b>Other payments on secured claims.</b> If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1"> <thead> <tr> <th></th> <th>Name of Creditor</th> <th>Property Securing the Debt</th> <th>1/60th of the Cure Amount</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>b.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td>c.</td> <td></td> <td></td> <td>\$</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Total: Add Lines a, b and c</td> </tr> </tbody> </table>					Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$				Total: Add Lines a, b and c	\$					
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																											
a.			\$																											
b.			\$																											
c.			\$																											
			Total: Add Lines a, b and c																											
44	<p><b>Payments on prepetition priority claims.</b> Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. <b>Do not include current obligations, such as those set out in Line 28.</b></p>				\$																									

45		<b>Chapter 13 administrative expenses.</b> If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.			
	a.	Projected average monthly chapter 13 plan payment.	\$		
	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at <a href="http://www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)	x		
	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$	
46		<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.			\$
<b>Subpart D: Total Deductions from Income</b>					
47		<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.			\$
<b>Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION</b>					
48		<b>Enter the amount from Line 18 (Current monthly income for § 707(b)(2))</b>			\$
49		<b>Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))</b>			\$
50		<b>Monthly disposable income under § 707(b)(2).</b> Subtract Line 49 from Line 48 and enter the result			\$
51		<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result.			\$
52		<b>Initial presumption determination.</b> Check the applicable box and proceed as directed. <div style="margin-top: 5px;"> <input type="checkbox"/> <b>The amount on Line 51 is less than \$7,475*.</b> Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> <b>The amount set forth on Line 51 is more than \$12,475*.</b> Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> <b>The amount on Line 51 is at least \$7,475*, but not more than \$12,475*.</b> Complete the remainder of Part VI (Lines 53 through 55).                 </div>			
53		<b>Enter the amount of your total non-priority unsecured debt</b>			\$ <b>0.00</b>
54		<b>Threshold debt payment amount.</b> Multiply the amount in Line 53 by the number 0.25 and enter the result.			\$ <b>0.00</b>
55		<b>Secondary presumption determination.</b> Check the applicable box and proceed as directed. <div style="margin-top: 5px;"> <input type="checkbox"/> <b>The amount on Line 51 is less than the amount on Line 54.</b> Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII.                 </div> <div style="margin-top: 5px;"> <input type="checkbox"/> <b>The amount on Line 51 is equal to or greater than the amount on Line 54.</b> Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.                 </div>			
<b>Part VII: ADDITIONAL EXPENSE CLAIMS</b>					
56		<b>Other Expenses.</b> List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.			
		Expense Description	Monthly Amount		
	a.		\$		
	b.		\$		
	c.		\$		
		Total: Add Lines a, b and c		\$	

\*Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

**Part VIII: VERIFICATION**

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I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this is a joint case, both debtors must sign.)*

Date: **April 25, 2014**

Signature: **s/JULIE K KLAPHAKE**  
*(Debtor)*

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
*(Joint Debtor, if any)*

In re **JULIE K KLAPHAKE**, Debtor, Case No. \_\_\_\_\_ (if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 36 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date April 25, 2014

Signature: s/JULIE K KLAPHAKE  
JULIE K KLAPHAKE Debtor

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition Preparer

Social Security No.  
(Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.

Address

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (Total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
[Print or type name of individual signing on behalf of debtor.]

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.